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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 8 1944

Registration District No. 377

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 15721

Registrar's No. 1017

1. PLACE OF DEATH:

(a) County ST. LOUIS

(b) City or town OVERLAND
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2213-HUNTINGTON
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS

(c) City or town OVERLAND MO
(If outside city or town limits, write "RURAL")

(d) Street No. 2213 HUNTINGTON
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME EDWARD Dean CHRISMER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DIVORCED

6. (b) Name of husband or wife Blanche

6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Apr. (Month) 27 (Day) 1885 (Year)

8. AGE: Years 59 Months 0 Days 2 If less than one day ..... hr. ..... min.

9. Birthplace Unknown (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business .....

FATHER
12. Name James F. Chrismer
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

MOTHER
14. Maiden name Hardena Archer
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Bernice Mayers

(b) Address 3551-Calvert Overland Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-2-44 (Month) (Day) (Year)

(c) Place: burial or cremation Mt Lebanon Cem

18. (a) Signature of funeral director [illegible] Bros Inc

(b) Address 2504-Woodson Rd-Overland, Mo

19. (a) MAY 2 - 1944 (Date received local registrar) (b) E. D. Mo Gavran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1944 hour 7:47 minute 46A M.

21. I hereby certify that I attended the deceased from April 1st, 1944, to April 29th, 1944, that I last saw him alive on April 29th, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Valvular Disease of Heart	1 yr.
Due to Arteriosclerosis	1 yr.
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy Grd

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? ..... (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? ..... (Specify type of place)

While at work? ..... (e) Means of injury .....

23. Signature H. T. Coleman MD (M. D. or other)

Address Pattonville Mo Date signed Apr 29 44

767

(Licensed Embalmer's Statement on Reverse Side)

JUN 27 19[illegible]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. G. Peterson

Licensed Embalmer No. #3767

P. O. Address Overland M[illegible]

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w[illegible] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.